



Borough of Palisades Park

275 Broad Avenue
Bergen County, N.J. 07650

Building Department
Tel: (201) 585-4108
Fax: (201) 585-4110

APPLICATION FOR VARIANCE DENIAL LETTER

FEE: \$100.00 PAYABLE TO THE BOROUGH OF PALISADES PARK
MUST BE COMPLETED IN ITS ENTIRETY OR IT WILL BE REJECTED

DATE: _____

ADDRESS REQUESTING A VARIANCE: _____

APPLICANT INFORMATION

(IF AN LLC, LIST FULL NAME OF PRINCIPAL OR SAME WILL BE REJECTED):

Name: _____

Address: _____

Tele: _____ Email: _____

OWNER INFORMATION

Are you the property owner: () Yes () No If not, please state your relationship to the property: _____

PRESENT OWNER OF PROPERTY AS IT APPEARS ON THE DEED (IF AN LLC, LIST FULL NAME OF PRINCIPAL OR SAME WILL BE REJECTED):

ADDRESS OF PROPERTY OWNER: _____

TELEPHONE NUMBER: _____ EMAIL ADDRESS: _____

PROPERTY INFORMATION

PRESENT PROPERTY DESCRIPTION: _____

DOES APPLICATION INVOLVE AN APARTMENT LEGALIZATION? () YES () NO

If yes, please speak with your attorney regarding additional requirements that are mandated by the State of New Jersey including the installation of fire prevention/protection equipment, which must be met before you can obtain a Certificate of Occupancy even if you obtain Board approval. INITIAL HERE _____ THAT YOU HAVE READ DATE: _____

If yes, is anyone currently living in the space that you seek to legalize? () YES () NO

If yes, have you received a violation notice () YES () NO If yes, VIOLATION #: _____

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WHAT IS YOUR INTENTION FOR THIS PROPERTY/BUSINESS?

DESCRIBE PROPOSED PLAN IN DETAIL:

ARE YOU BEING REPRESENTED BY AN ATTORNEY: () YES () NO

If yes, please supply the name and telephone number:

ARCHITECT NAME:

ARCHITECT TELEPHONE #:

APPLICANT'S NAME (PRINT)

APPLICANT SIGNATURE

DATE:

OFFICE USE ONLY

BOA () PB ()

PERMISSION TO:

ON PROPERTY LISTED ABOVE IS HEREBY DENIED AS IT DOES NOT COMPLY WITH THE REVISED
GENERAL ORDINANCES OF THE BOROUGH OF PALISADES PARK

CHAPTER 414

REASON: